

Commonwealth of Massachusetts

Center for Health Information and Analysis

All Payer Claims Database Data Volume Reports

2008 - 2012

March 2013

The Commonwealth of Massachusetts established an All Payer Claims Database (APCD) in 2010 as one of the largest data collection efforts undertaken by the state. Regulation 114.5 CMR 21.00, Health Care Payer Claims Data Submissions, requires health insurance payers to submit medical, pharmacy, and dental claims, as well as information about member eligibility, benefit design, and providers to the Center for Health Information and Analysis (CHIA) for Massachusetts residents. The goals of the APCD are to provide administrative simplification to payers and to provide access to timely, accurate, and relevant data for improving quality, mitigating costs, and promoting transparency in the health care delivery system.

The charts below depict the number of records submitted to the Center as of December 2012 by health insurance payers. These Data Volume Reports are a concise way of presenting the amount of APCD data collected by year and file type.

Please feel free to submit any questions related to the reports to the Center's APCD mailbox: CHIA-APCD@state.ma.us.

Thank you for your interest in the All Payer Claims Database.

Humana Dental Insurance Company														
File	Submis sion													
Type*	Year	January	February	March	April	May	June	July	August	September	October	November	December	Total
PR	2010	0	0	0	0	0	0	0	0	0	0	0	158,088	158088
PR	2011	0	0	69,969	0	88,881	88,881	0	0	166,647	0	0	89,151	503529
PR	2012	0	0	973	0	0	792	0	0	4,039	0	0		5804
ME	2009	0	0	0	0	0	0	0	0	0	0	0	26,265	26265
ME	2010	0	0	0	0	0	0	0	0	0	0	0	29,909	29909
ME	2011	9,280	34,985	37,132	39,074	41,450	43,651	46,132	48,646	51,455	56,152	59,359	62,749	530,065
ME	2012	64,360	70,553	71,593	75,187	79,099	83,555	89,434	95,573	101,788	108,127			839,269
PV	2011	363	106	47	114	107	107	88	92	86	129	428	369	2036
PV	2012	123	149	145	137	138	129	249	96	129	146			1441
MC	2008	0	0	0	0	0	0	0	0	0	0	0	0	0
MC	2009	0	0	0	0	0	0	0	0	0	0	0	0	0
MC	2010	0	0	0	0	0	0	0	0	0	0	0	0	0
МС	2011	0	0	0	0	0	0	0	0	0	0	0	0	0
MC	2012	0	0	0	0	0	0	0	0	0	0	0	0	0
РС	2008	0	0	0	0	0	0	0	0	0	0	0	0	0
PC	2009	0	0	0	0	0	0	0	0	0	0	0	0	0
PC	2010	0	0	0	0	0	0	0	0	0	0	0	0	0
PC	2011	0	0	0	0	0	0	0	0	0	0	0	0	0
PC	2012	0	0	0	0	0	0	0	0	0	0	0	0	0
DC	2008	446	513	536	513	515	464	420	300	409	530	356	381	5383
DC	2009	366	308	400	384	329	319	339	384	274	313	336	327	4079
DC	2010	433	368	482	544	446	513	341	580	513	493	561	629	5903
DC	2011	403	614	848	836	1,075	823	762	789	871	966	846	959	9792
DC	2012	1,034	1,104	1,346	1,268	1,328	1,430	1,248	1,142	1,234	1,351			12,485

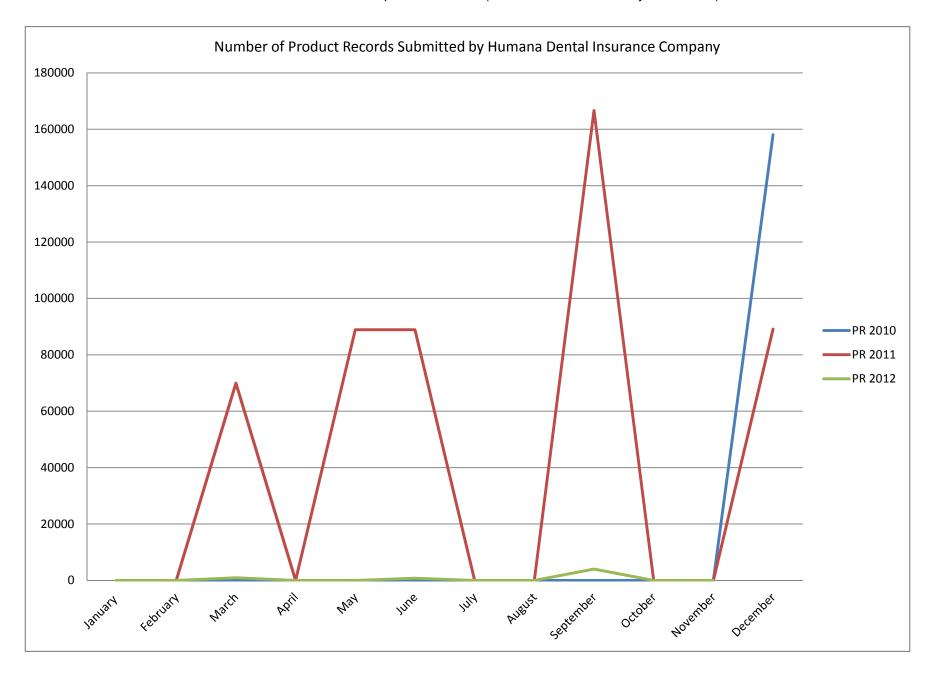
*Key: PR=Product Records; ME=Member Eligibility Records; PV=Provider Records; MC=Medical Claim Lines; PC=Pharmacy Claim Lines; and DC=Dental Claim Lines.

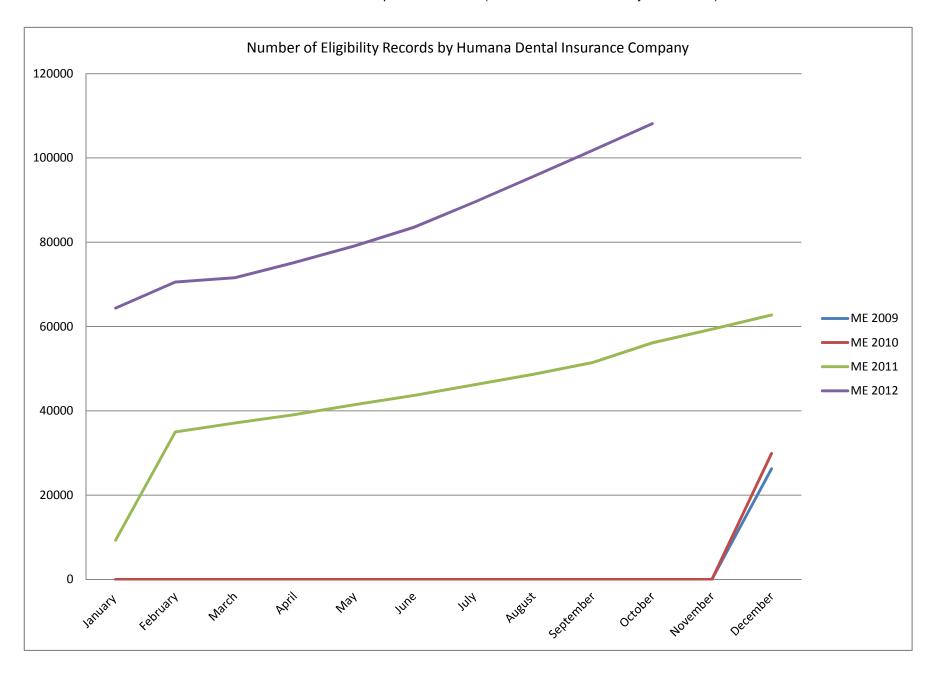
The Volume Report presents the APCD inventory as of December 2012 and reflects the related compliance requirements:

- Medical, pharmacy, and dental submissions are required monthly beginning January 2008.
- Provider submissions are required monthly beginning January 2011. The May 2011 submission contains historical records from 2008 through May 2011.
- Product submissions are required quarterly beginning December 2010. The May 2011 submission contains historical records from 2008 through 2010 plus 2011, quarter one.
- Member eligibility submissions are required monthly beginning in January 2011. Prior to 2011, payers were required to submit two eligibility files: a December 2009 eligibility submission covering calendar years 2008 and 2009, and a December 2010 eligibility submission covering calendar years 2009 and 2010. Eligibility files contain data for twenty-four months of member eligibility.
- The APCD liaisons monitor and enforce compliance rules and authorize exceptions. Some carriers have incomplete data due to: exemptions from filing, limited claim or member base, phasing into APCD and are currently in testing or ramping up their production data filings, are in the process of updating specific submissions, and /or non-compliance.

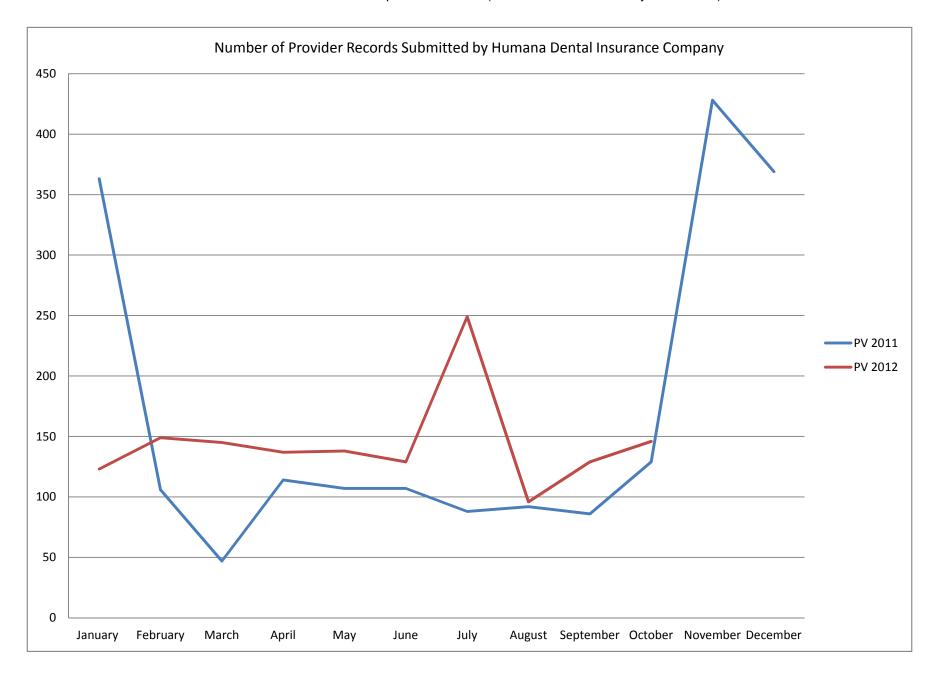
These numbers represent the number of records submitted, not actual counts of members, providers, products or claims.

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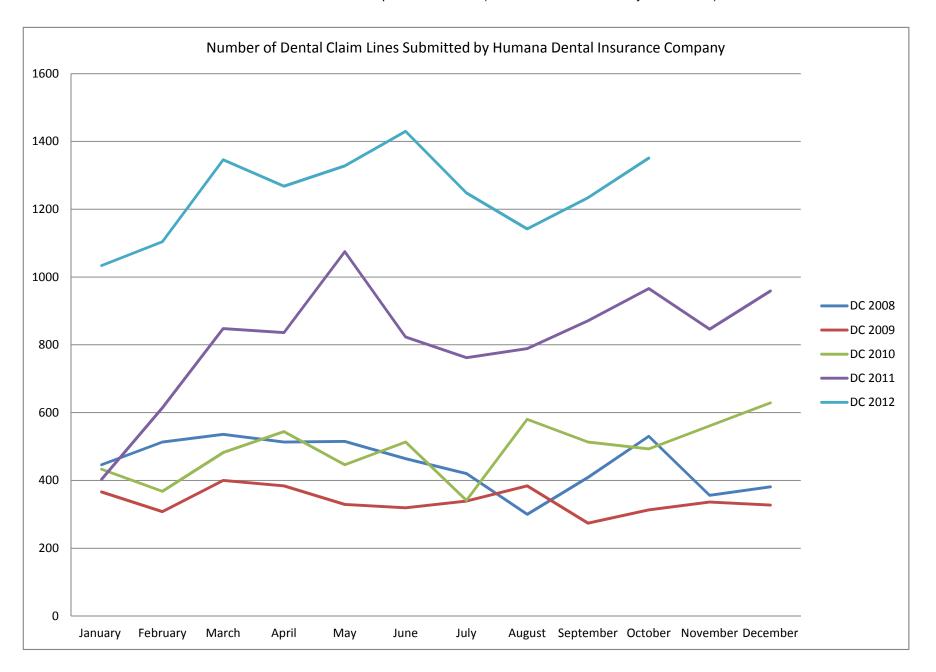




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